



Performance Report

Performance Period July 2006-September 2006

Introduction

This section contains information relative to monitoring by the Department of Education of system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The Department continues to improve the sophistication and availability of tools to assist in administrative decision-making that directs the application of resources, fiscal and human, to achieve high levels of student achievement. This process relies on data collected through multiple means to provide current information on system infrastructure and performance.

This report covers the First Quarter, July 2006 through September 2006, of School Year 2006-2007.

Infrastructure

The Comprehensive Student Support System (CSSS) continues to provide the requisite infrastructure for the provision of programs necessary to provide educational, social, and emotional supports and services to all students, affording them an opportunity to benefit from instructional programs designed to achieve program goals and standards. EDN150 allocations contain those resources (fiscal, human, material, procedural, and technological) important to the provision of appropriate supports and services to students within the Felix Class. The objective of EDN150 programs is to maintain a system of student supports so that any student requiring individualized support, temporary or long term, has timely access to those supports and services requisite to meaningful achievement of academic goals.

The next segments of this section contain elements of the CSSS infrastructure determined to be essential to the functioning of a support system constituting an adequate system of care. During the course of the Felix Consent Decree, the Department routinely provided progress reports addressing the availability of qualified staff, funding, and an information management system (ISPED) as a means to provide information germane to assessing system capacity in providing a comprehensive student support system.

Population Characteristics

There are 23,186 students eligible for educational supports and services under the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973 (Section 504), at 90% and 10%, respectively. The number of students receiving educational supports and services within CSSS levels 4 and 5 from the Department of Education is approximately 23% of the overall student enrollment of which 12% are eligible for special education and related services under the Individuals with Disabilities Education Act. This matches National data of 2000 (the most recent information available).

Table 1 reflects a comparison of the number of students with disabilities and the relative percentages for the first quarter for the past three years.

Table 1: Number and Relative Percentage of Students Eligible for Special Education

Disability	09/30/2004		09/30/2005		09/30/2006	
	#	%	#	%	#	%
Mental Retardation	1,811	8.00	1,666	7.50	1,517	7.18
Hearing Impairment	289	1.30	384	1.73	360	1.70
Speech/Language Impairment	1,256	5.50	1,116	5.04	962	4.55
Other Health Impairment	2,437	10.70	2,541	11.47	2,576	12.19
Specific Learning Disability	9,791	43.10	9,409	42.50	8,995	42.56
Deaf-Blindness	5	0.00	5	0.00	5	0.02
Multiple Disabilities	410	1.80	429	1.94	410	1.94
Autism	872	3.80	962	4.34	1,017	4.81
Traumatic Brain Injury	74	0.30	74	0.33	72	.34
Developmental Delay	2,915	12.80	2,968	13.40	2,992	14.16
Visual Impairment	68	0.30	72	0.32	79	0.37
Emotional Disturbance	2,693	11.80	2,415	10.90	2,056	9.73
Orthopedic Impairment	110	0.50	97	0.43	95	0.45
TOTAL	22,731		22,138		21,136	

While data do not permit a causal relationship to be verified, there has been a simultaneous increase in overall student achievement, particularly at the elementary school level and sustained access to effective instructional supports and services. The increases in the disability category of Autism Spectrum Disorder, offset by the continued decrease in the Mental Retardation disability category, are consistent with national data and reflect improved identification and evaluation methods.

An average of 5,346 students per month of all CSSS Levels 4 and 5 students, received School-Based Behavioral Health (SBBH) student supports during this quarter. There was a slight decrease when compared with data over the past year and a half. The trend correlates with the increasing Comprehensive Student Support System supports at levels 1 to 3 provided by the SBBH staff since January 2004. (Refer to Performance Goal 13 of this section.)

Services provided to Felix class students fall into two broad categories: School Based Behavioral Health (SBBH) Services and services to students with Autism Spectrum Disorder (ASD). While the determination of need for and type of SBBH or ASD service necessary for any individual student to benefit from their educational plan is made by a team during the development of the plan, guidelines regarding the provision of these services are described in the joint DOE and DOH Interagency Performance Standards and Practice Guidelines.

Qualified Staff

Qualified staff providing instructional and related services are the lynchpin of appropriate educational and related services for students with disabilities, for they are the ones with expertise and training in curriculum, instruction, and knowledge of the impact of the student's disability on the learning process. These qualified individuals, in conjunction with parents and others, develop and implement appropriate interventions designed to meet the unique needs of students.

The following staffing data provide evidence of the Department's efforts to provide qualified teachers evenly distributed across the state to ensure timely access to specialized instruction for students as well as providing professional support to those providing educational and related services and supports to students with disabilities.

Infrastructure Goal #1: Qualified teachers will fill 90% of the special education teacher positions in classrooms.

The percent of qualified special education teachers provides an important measure of the overall availability of special education instructional knowledge available to support student achievement. At the end of this report period, there were 2,120.5 allocated special education positions. The Department fell short in meeting this goal for the quarter with only 88% of the positions filled with qualified special education teachers.

The Department has made several attempts to refer special education applicants to schools prior to completion of the application process. This has helped to expedite the contract process for prospective teachers. Recruiting teams are trying to visit more colleges to make presentations and partnerships in an effort to recruit and attract more teacher candidates prior to graduation. The Department has also expanded advertising on websites for specialty special education teachers (i.e., HI and VI sites). Furthermore, it employs 30 teachers through a contract with Columbus which is continuing this school year.

Table 2: Number of Allocated and Qualified Special Education Teacher

	Sept.-04	Sept.-05	Sept.-06
Allocated Positions	1999.5	2080.5	2120.5
Filled Positions	1949.0	1983.0	2021
Qualified Teachers	1950	1844	1860
Percent Qualified Teachers	97.5	88.6	87.7

Infrastructure Goal #2: 95% of the schools will have 75% or greater qualified teachers in special education classrooms.

This measure provides information regarding the availability of special education teachers with knowledge and expertise to assist with day-to-day instructional and program decision making in support of special needs students. A previous benchmark set the target so that there is no school with less than 75% qualified teachers in the classroom. In order to meet this goal, schools requiring less than four (4) special education teacher positions, 18% (46) of the schools would be required to have 100% of

their teachers qualified in special education. Thirty-six (78%) of these schools met this goal.

The Department has determined a practical goal is that 95% of all schools will have 75% or greater qualified special education classroom teachers. One hundred eighty-seven (88%) of the schools with more than 4 special education teachers met the goal this reporting period. For all schools including those schools with less than 4 special education teachers, the Department falls short of its goal at 86%. The Department continues to contract outside resources to recruit and retain special education teachers.

Table 3: Qualified Special Education Staff at Schools

	Sept.-04	Sept.-05	Sept.-06
Number of Schools<75%	20	26	35
Percent of Schools>75%	92	90	86

Infrastructure Goal #3: 85% of the complexes will have 85% or greater qualified teachers in special education classrooms.

This measure helps illustrate the distribution of special education instructional expertise throughout the state. The prevalence of qualified staff throughout a complex is an indicator of the degree of support available to school staff and the continuity of instructional quality over time for students. For example, the impact of less than 75% qualified staff in a school within a complex with all other schools fully staffed is far less than if all schools in the complex had less than 75% qualified staff. Therefore, the Department added this measure as an internal infrastructure indicator for monitoring.

The Department did not meet this goal for the quarter with only 27 of the 41 (66%) complexes that maintained 85% or greater qualified teachers in special education classrooms. A barrier is the high cost of affordable housing for teachers and the high cost of relocating families and personal belongings. An estimated 18% of candidates withdraw or decline due to the high cost of relocating or low cost of pay in a high cost milieu.

Table 4: Qualified Special Education Teachers in the Complex

	09/04	09/05	09/06
Number of complexes with over 85% qualified special education teachers	39	36	27
Percent of complexes with over 85% qualified special education teachers	95	86	66

Infrastructure Goal #4: 95% of all Educational Assistant positions will be filled.

Educational Assistants (EAs) provide valuable support to special education students and teachers throughout the school day and in all instructional settings. Since SY2001-02, the EA allocation ratio has been 1:1 with the special education teacher allocation.

The Department falls short of meeting this goal at 83%, but it continues to actively recruit and train personnel for educational assistant positions. Hawaii's especially tight labor market, 2.8% unemployment rate in August 2006, gives our state the distinction of having the lowest jobless rate in the country. The national rate is 4.7%. This situation makes it extremely difficult to recruit and retain individuals.

Table 5: EA Positions

EA Positions	09/04	09/05	09/06
Established Positions	N/A	2458	2428
Filled Positions	N/A	2063	2022
Percentage Filled	N/A	84	83

Infrastructure Goal #5: 75% of the School-Based Behavioral Health professional positions are filled.

Since December 2000, the Department has maintained that the use of an employee-based approach to provide School Based Behavioral Health (SBBH) services provides greater accessibility and responsiveness to emerging student needs. While it is anticipated that some degree of services will always be purchased through contracts due to uniqueness of student need and unanticipated workload increases, day-to-day procedures presume the availability of staff. Early planning anticipated a two to three year phase to reach the point at which DOE employees would do 80% of the SBBH workload.

Table 6: Number of SBBH Specialist Positions

	Sept.-04	Sept.-05	Sept.-06
Number of Positions	339	343	340
Number of Positions Filled	267	285	286
Percent of Filled Positions	79	83	84

There are now 261 SBBH Specialist positions and 25 clinical psychologist positions filled. The actual number of positions changes due to flexibility built into the SBBH funding structure that allows complexes to make decisions regarding staffing. The Department continues to recruit behavioral specialists and clinical psychologists to fill school level positions. As Table 6 indicates, this infrastructure goal continues to be met.

Infrastructure Goal #6: 80% of the identified program specialists positions are filled.

This Infrastructure Goal is directly attributable to a previously established Felix Consent Decree benchmark based upon a determination by the Court Monitor in 2000 that the Department did not have sufficient program expertise in several areas. Recruiting and retaining leadership for these key program areas has been an ongoing challenge for the Department. The lack of in-state programs providing terminal degrees, coupled with geographic isolation from institutes of higher education and recruitment constraints regarding pay based on experience earned in other systems, has made it very difficult for the Department to hire program specialists.

Increased levels of knowledge and skills possessed by Department staff and contractors has changed the type of expertise necessary to continue to foster system growth and improved performance. The system now requires experienced administrators, supervisors, and trainers of discrete intervention skills.

At the present time four (4) of the identified program specialists positions continue to be filled with the same program specialists as reported in the last quarter. Although this infrastructure measure is met, the Department continues to recruit a program specialist in the area of Autism Spectrum Disorder with recognizable program and administrative skills necessary to provide clear guidance to school communities and professionals.

Integrated Information Management System - ISPED

The need for an information management system to provide relevant data for analysis and decision-making is an important component of the infrastructure necessary to sustain high levels of system performance in the area of supports and services to students in need of such services. This information provides the basis for resource allocation, program evaluation, and system improvement.

Meaningful measurement of ISPED will provide specific information regarding the following: 1) ISPED data accuracy, 2) ISPED role in important management decisions, and 3) ISPED use by DOE administrators, CASs and principals.

Infrastructure Goal #7:

- a) 99% of special education and section 504 students are in ISPED,*
- b) 95% of IEPs are current, and*
- c) 95% of the IEPs are marked complete.*

The utility of ISPED as an information management system lies in the ability to provide a wide variety of users information that improves their productivity. Whether the information is unique student specific information used in program development or aggregate information used for planning purposes, accuracy and completeness is necessary. Achievement and maintenance of the three components embedded in Infrastructure Goal #7, give users confidence that accessed information will assist in good decision-making.

At this time 99% of all students eligible for special education and related services are registered in the ISPED system. Of those, 100% have current IEPs in ISPED and 98% have been marked “complete”. The difference between IEPs in the system and those marked “complete” is mainly attributable to teachers awaiting additional information.

There is consistent widespread use of and reliance on ISPED as the information management system for special education records and decision-making. The use of this system is institutionalized and integral to the ongoing management of special education throughout the Department. This infrastructure goal has been met.

The Department is presently working on replacing the present ISPED system with an integrated system, “electronic Comprehensive Student Support System (eCSSS)” that will merge three separate web applications, the current ISPED, CSSS (Comprehensive

Student Support System), and SSIS (Safe School Information System). Relevant student data will be accessible through one integrated data base system.

Table 7: Status of IEPs in ISPED

	Sept.-04	Sept.-05	Sept.-06
Percentage of IEPs and 504s in ISPED	100	99	99
Percentage of IEPs current	99	99	100
Percentage of IEPs marked complete	96	95	98

Infrastructure Goal #8: ISPED will provide reports to assist in management tasks.

The increased administrative need for timely and accurate information is very evident in the ISPED reports. There are 67 different reports available to teachers and administrative staff. During this quarter many reports were reviewed to ensure that school specific information was easily obtained and understood by a wide variety of new users.

Work is currently underway to replace the current ISPED, CSSS (Comprehensive Student Support System), and SSIS (Safe Schools Integrated System) systems with eCSSS (Electronic Comprehensive Student Support System), a single integrated data system that will tell “a single story of a student”. The new system is being developed in 3 phases: Phase I, replacing the current ISPED and CSSS systems, will be released in late February, 2007; Phase II, enhancing the “new” ISPED and CSSS systems to meet new requirements and functionality, will be released in the summer of 2007; and Phase III, replacing the current SSIS in early 2008. Some of the benefits of eCSSS are:

- System that is scalable and robust
- Single and streamlined data entry
- Reduction of redundant data
- Reporting tool to make informed decisions about students’ needs and achievements

Infrastructure Goal #9: School, district, and state level administrators will use ISPED.

As stated in the section above, ISPED provides DOE administrators 67 reports designed to assist in measuring system performance at the school, complex, and state levels, as well as provide data for resource allocation. The Department began tracking administrator “log-ons” to ISPED as broad indicators of both the utility of the reports as well as administrative behavior regarding the use of data in proactive management. For this quarter, the number of “log-ons” ranged from 38,000 (July) to over 76,000 (September) by various state, district and school personnel.

The use of ISPED by Complex Area Superintendents (CAS) remains low, while the use by District Educational Specialists (DES), Principals, and Vice-Principals fluctuates month to month. The highest usage of ISPED continues to be among the SSCs, counselors, and special education teachers.

The use of ISPED suggests that the action plans generated through the Special Education Section designed to improve overall system performance has had an impact on administrative behavior regarding the use of data in decision making and monitoring the impact of system performance activities. CASs report that upon receipt of monthly performance reports from the Special Education Section, a meeting with the appropriate DES is held to determine the appropriate school and system response to improve performance.

Infrastructure Goal #10: The Department will maintain a system of contracts to provide services not provided through employees.

During this report period the DOE has maintained the same 34 contracts with different private agencies to provide SBBH services, including Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

There are eight (8) types of contracts covering the following services: assessments, behavioral interventions, intensive services, psychiatric services, four (4) for Intensive Learning Centers, and Special School. Listed below are the numbers of contracts by type of service.

Table 8: Types and numbers of contracted services

Type of Service	Number of Contracts
Assessment	8
Behavioral Intervention	7
Intensive Services	9
Psychiatric Services	5
ILC (ages 3-9)	1
ILC (ages 10-12)	1
ILC (ages 13-20)	2
Special School	1

The total expenditures for the 1st quarter from July through September 2006 services for ASD students was \$4.1M. This amount is lower when compared to previous quarters since some of the districts have not been invoiced by the contractors for the month of September. The lower total amount is reflected in the lower average monthly expenditure of approximately \$1.3M for the quarter.

Table 9: Number of students with ASD and expenditures

	SY '03-'04	SY '04-'05	SY '05-'06	1 st Qtr SY '06-'07
Average Monthly Expenditure	\$2.6M	\$3.3M	\$2.8M	\$1.3M
Number of Students with ASD	1,012	1,125	1,217	1,236

Total expenditures for SY2006-07 paid from July through September 2006 for SBBH services was \$473,866. This amount is lower when compared to previous quarters since some of the districts have not been invoiced by the contractors for the month of

September. The lower average of \$157,955 per month for approximately 5,346 students is a result of this. Contracted services for SBBH students represent approximately 15% of services provided to students in addition to the 85% provided by DOE employees. Refer to Performance Goal #13 which indicates the specific breakdown of services.

Table 10: Number of students with SBBH services and expenditure

	SY '03-'04	SY '04-'05	SY '05-'06	1 st Qtr SY '06-'07
Average Monthly Expenditure	\$481,522	\$380,649	\$281,493	\$157,955
Number of Students with SBBH services	7,570	7,173	5,743	5,346

Infrastructure Goal #11: Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%.

The broad programmatic categories within EDN150 are Special Education Services, Student Support Services, Educational Assessment and Prescriptive Services, Staff Development, Administrative Services, and Felix Response Plan. EDN150 allocations for all of these groups total slightly more than \$326.5M for SY 06-07. This represents an increase of 6.1% in the amount of funding allocated in SY005-06. As of the end of September 2006, \$78.9M was expended, which is 72.2% of the anticipated quarterly expenditures. The Department has not exceeded expenditures this quarter.

Key Performance Indicators

The existence of an adequate infrastructure is not an end in and of itself. The true measure of the attainment of EDN150 program goals and objectives are in the timely and effective delivery of services and supports necessary to improve student achievement. While the measurement of student achievement lies within the purview of classroom instruction, key system performance indicators exist that provide clear evidence of the timeliness, accessibility, and appropriateness of supports and services provided through EDN150 and the responsiveness of CSSS to challenges threatening system performance.

Performance Goal #1: 90% of all eligibility evaluations will be completed within 60 days.

Good practice and regulation of timely evaluations provide the foundation for an effective individualized education or modification program that will assist students in achieving content and performance standards. This measure identifies the timeliness with which the system provides this information to program planners. During this quarter, 1,470 evaluations were conducted and as Table 11 indicates, the Department met this performance goal.

Table 11: Percentage of Evaluation completed within 60 Days

School Year	July	August	Sept.
2004-05	86	80	89
2005-06	86	85	93
2006-07	93	92	96

State, complex, and school action plans are in place to maintain continuous performance improvement in this area. Regular meetings between the Superintendent and Complex Area Superintendents focused on performance monitoring will continue to keep this a priority in school and complex operations.

Performance Goal #2: There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services.

A service delivery gap is a disruption in excess of 30 days of an SBBH or ASD related service identified in an IEP or MP. A “mismatch” in service delivery (i.e., counseling services expected to be provided by an SBBH Specialist actually delivered by a school counselor) is included in this category as a service delivery gap. There are over 8,000 students per month receiving well over 22,000 identifiable “services” per month.

Table 12: Gaps in Service

	July-06	August-06	Sept.-06
Number of Service Gaps	2	3	10

As indicated in Table 12 above, the department did not meet this goal for all three quarters. The increased number of service gaps in September occurred in Hawaii and Maui district largely due to staffing shortage. Other causes were a result of procedural oversight or poor communication. One case was due to ongoing court procedures regarding guardianship. All service gaps have been addressed by school and district personnel resulting in students receiving the required services as prescribed in their IEPs.

Performance Goal #3: The suspension rate for students with disabilities will be less than 3.3 of the suspension rate for regular education students.

Concern regarding the possibility of disproportionate suspension rates for students with disabilities has existed since the 1994 Office of Civil Rights, *Elementary and Secondary Compliance* Reports. Beginning in 2000, the Felix Consent Decree Court Monitor and Plaintiffs’ Attorneys expressed concerns relative to the suspension of students with disabilities. The Felix Monitoring Office, *Suspension Study*, prepared under the direction of the Court Monitor reported findings of an in-depth study of the relative suspension rates of regular and special education students. Those findings over a four-year period illustrated a wide range of suspension rates over geographic and school specific characteristics. General trends indicated that the overall suspension of students was decreasing but students with disabilities were more likely to be suspended compared to regular students.

Between 2001 and July 2003, the Department reported to the Court Monitor, Plaintiffs' Attorneys, and the Court the relative increase risk rate for suspension of special education students. However, the Court Monitor questioned the applicability of using as a target the 3.3 rate reported in the Government Accounting Office (GAO) report of 2001 based on serious misconduct and a special study was conducted. Those findings are reported in the July 2003-September 2003 Quarterly Performance Report. The findings indicated that most schools, especially elementary schools do not suspend any, or very few, students with disabilities but that wide variation continued to exist across geography and among secondary schools with similar characteristics. Subsequently, Department efforts increasingly utilize school specific action plans to address the use of suspension as a response to student misconduct.

Table 13: Suspension Rate

Cumulative Suspension Rates	SY 2003-2004	SY 2004-2005	SY 2005-2006	1 st Qtr 2006-2007
Regular Education				
Enrollment	170,283	177,366	161,692	179,213
Suspensions	9,338	9,787	10,354	1471
Percent per 100	5.48	5.5	6.4	.82
Special Education				
Enrollment	23,480	22,384	19,714	21,136
Suspensions	4,241	4,312	4287	687
Percent per 100	17.8	19.2	21.7	3.25

School specific interventions continue to be implemented to lower the rate of suspensions for all students although special education suspensions continue to be more frequent. The above reflects the aggregate cumulative suspension for all schools for the last three years and the 1st quarter for SY2006-07. The Department met this benchmark this quarter.

The school specific suspension data is set forth in the *Stipulation for Step-Down Plan and Termination of the Revised Consent Decree* dated April 15, 2004. This report format calls for school-by-school reporting of the "percentage of suspensions of regular education and special education students per hundred, ..." (page 9). The information is available through the DOE website under Reports, Felix (<http://165.248.6.166/data/felix/index.htm>).

The Department has moved from a 3.3 rate of suspension to a "z" score. The "z" statistic for each school indicates when the suspension rates (numbers of suspensions compared to the size of student populations between regular and special education students) are different at the 0.01 "level of significance." Comparisons are made both for suspensions of ten days or less and for suspensions of more than ten days.

Beginning in the school year 2006-07, the "z" statistic will be based on the number of unique student suspensions, not on number of incidents. The goal is to minimize the differences in the rates of suspension between students in special education and regular education. If a "z" score statistic is shown, further investigation to determine the cause(s) of the significant difference is recommended.

Performance Goal #4: 99.9% of students eligible for services through special education or Section 504 will have no documented disagreement regarding the appropriateness of their educational program or placement.

There are three sources of documented disagreements. 1) telephone complaint; 2) formal written complaint which by regulation, must be addressed within 60 days; and 3) the Request for an Impartial Hearing in which the decision by an Administrative Hearings Officer is to be issued within 45 days of the filing of a request.

1st Quarter Results

Table 14 compares the number of telephone complaints, written complaints, and due process hearing requests for the past two years and the 1st quarter for SY2006-07. Telephone complaints decreased as written complaints and due process hearing requests increased slightly from SY 05-06. The number of telephone complaints, written complaints and requests for due process hearing requests for the first quarter of SY 06-07 is comparable to the first quarter of SY 04-05. The number of telephone complaints, written complaints or due process hearing requests filed in the first quarter of 2006 remained below 0.1% of the SPED and Section 504 population (SPED: 21,136; Section 504: 2,050). The Department continues to meet this goal of 99.9% of the students receiving services during this quarter with no documented disagreements.

Table 14: Telephone and Written Complaints and Due Process Hearing

	Sept.-04	Sept.-05	Sept.-06
Telephone	11	23	14
Written	3	2	4
Due Process Hearings	54	52	54

Requests for Impartial Hearings

Fifty-four (54) due process hearing requests were filed during the 1st quarter of SY 06-07. The data show that an overwhelming majority of students do not file complaints or hearing requests.

The Special Education Section (SES) began compiling a “Due Process/Complaints” report for every school (including charter schools) in the department since SY2004-05. The school reports are aggregated into complex, district, and statewide reports. These reports are prepared for districts and schools monthly in the SPED monthly data and quarterly through the Complaint Management Program Quarterly Report. The Superintendent distributes the applicable school reports to the complex area superintendents for review and appropriate action with the understanding that the Special Education Section will follow up to assess impact on the school performance.

Parents have a right to file for a due process hearing request to resolve a disagreement between the school and the parent over special education and Section 504 issues. Sixty-seven percent (67%) of the due process hearing requests are due to disagreements regarding private school reimbursement.

The Department reduced the total number of due process hearing requests in SY 05-06 and is committed to reducing the number of due process hearing requests in SY 06-07 by encouraging early dispute resolution through telephone complaints, written complaints, mediation, facilitation, and conciliation. The Department will also:

- conduct mandatory training to develop mediation and communication skills amongst the administrators of the schools;
- continue to conduct mandatory debriefings between the school, the district and the Attorney General's office for every due process hearing case at the conclusion of the legal action;
- continue to meet with every school and district to ensure implementation of the due process hearing decision, settlement agreement, or mediation agreement; and
- continue to analyze the data to look for trends to reduce the number of due process hearing requests statewide.

Performance Goal #5: The rate of students requiring SBBH, ASD, and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services

Table 15 reflects the number of students on Home/Hospital Instruction (H/HI) and the number of students with disabilities on H/HI during the 1st quarter for the past two (2) school years. Of the 21 students with disabilities on H/HI, 3 required SBBH or Mental Health services. The percentage of students with disabilities receiving either SBBH or Mental Health services in their educational plans is 25% statewide as compared to the 14% of special education students on Home/Hospital Instruction requiring SBBH or Mental Health services. The Department met this goal.

Table 15: Number and Percentage of Students with Disabilities on H/HI

Quarter	1st Qtr	1st Qtr	1st Qtr
	SY 04-05	SY 05-06	SY 06-07
Total # students on H/HI	69	111	114
# Students with disabilities on H/HI	22	20	21
% Of students with disability on H/HI requiring SBBH or Mental Health	13	25	14
State % of students with disabilities receiving SBBH or Mental Health	28	27	25

Performance Goal #6: 100% of complexes will maintain acceptable scoring on internal monitoring reviews.

Ten internal and external monitoring reviews were conducted this quarter. Section II, Internal Reviews, provides detailed information and analysis regarding the scores for complexes monitored during the 1st quarter.

Of the 10 complexes reviewed, all (100%) scored 85 or better on the System Review. On the Child Status, 9 complexes (90%) scored 85 or better. Pahoa Complex did not meet the goal for child status.

Performance Goal #7: 100% of the complexes will submit internal monitoring review reports in a timely manner.

There were no internal/external monitoring review reports due by the end of this reporting period.

Performance Goal #8: State Level feedback will be submitted to complexes following the submittal of internal monitoring review reports in a timely manner

State Level feedback will be completed and submitted to complexes that do not meet the benchmark of 85 or better on Child/System Performance upon receipt of the monitoring review report from the complex.

There were no State Level feedback reports required this reporting period.

Performance Goal # 9: “95% of all special education students will have a reading assessment prior to the revision of their IEP.”

The Stanford Diagnostic Reading Test (SDRT) is the reading assessment used prior to the annual revision of the IEP. The assessment is administered within 90 days of the IEP. The SDRT is a group-administered, norm-referenced multiple-choice test that assesses vocabulary, comprehension, and scanning skills. The SDRT is not, nor is it intended to be, an adequate measure for a complete understanding of the student’s PLEP. This is because, although diagnostic, the SDRT also falls into the category of summative assessments. A summative assessment is generally a measure of achievement relative to a program or grade level of study. Students may take an ‘other’ assessment if they cannot navigate the SDRT even one color lower than the color level that they should take at their grade level, but the assessment must yield a grade level.

The compliance rate for this benchmark still falls short of the Department’s goals. One factor which may have skewed the results for this reporting period is the fact that July and August yielded very few IEPs, so that those with overdue SDRTs for the month showed as 0% if it was the only IEP done, or 50% if it was one of two IEPs done for the month. Although the benchmark was not met, there was a steady increase of IEPs with current assessments completed each month for the quarter.

Table 16: Percentage of Students with Reading Assessment

	July-06	August-06	Sept.-06
State Totals	73%	84%	93%

The Literacy resource teachers from the Special Education Section continue to work with Complex Area Superintendents, principals, SSCs, and individual teachers concerning this benchmark. The case managers for IEPs with assessments not administered within 90 days of the meeting date are contacted to problem solve to see if the reading assessment

was indeed administered within the 90 days, or if inputting errors accounted for the errors. In some cases, other reading assessments were used as progress indicators, but were not inputted as an 'other' assessment.

Performance Goal# 10: 95% of all special education teachers will be trained in specific reading strategies.

Every school year, a large number of teachers leave the system, so this benchmark is ongoing. July 1, 2006 marked the beginning of the 2006-07 school year. As of September 2006, 183 (100%) newly hired special education teachers have been trained in reading strategies. The Special Education Literacy Resource Teachers continue following up with each of these teachers in their classrooms to provide more assistance, in improving reading instruction during the year. The State continues to meet this benchmark.

Table 17: Number of Teachers Trained in Specific Reading Strategies

District	# New Teachers	# New Teachers Trained
West Hawaii	10	10
East Hawaii	27	27
Kauai	11	11
Maui	31	31
Central	13	13
Honolulu	36	36
Leeward	34	34
Windward	21	21
Total	183	183

Performance Goal #11: 90% of all individualized programs for special education students will contain specific reading strategies.

To determine the degree of compliance with this goal, Reading Resource Teachers in the Special Education Section randomly select 10 IEPs per complex written during the month. The selected IEPs are reviewed for the inclusion of reading strategies for all students reading below grade level. During the month of July, the number of IEPs pulled to analyze reading strategies was small due to the summer break. By the end of the quarter, the reading strategies pull increased due to the adequate number of IEPs from each complex. The state continues to meet the 90% benchmark.

Table 18: Percentage of Reading Strategies in IEPs

	July-06	August-06	Sept.-06
IEPs with Reading Strategies	78	131	373
Percentage with Reading Strategies	95%	96%	97%

Performance Goal #12: System performance for students with Autism Spectrum Disorder will not decrease.

The Department uses the Internal Review process as an indicator of system performance related to students with ASD. The Department reviewed eight students with an eligibility of autism this quarter. The percent of students with acceptable findings in Overall Child Status was at 100%. The percent of students with acceptable findings in Overall System Performance was at 100%. [See Table A]

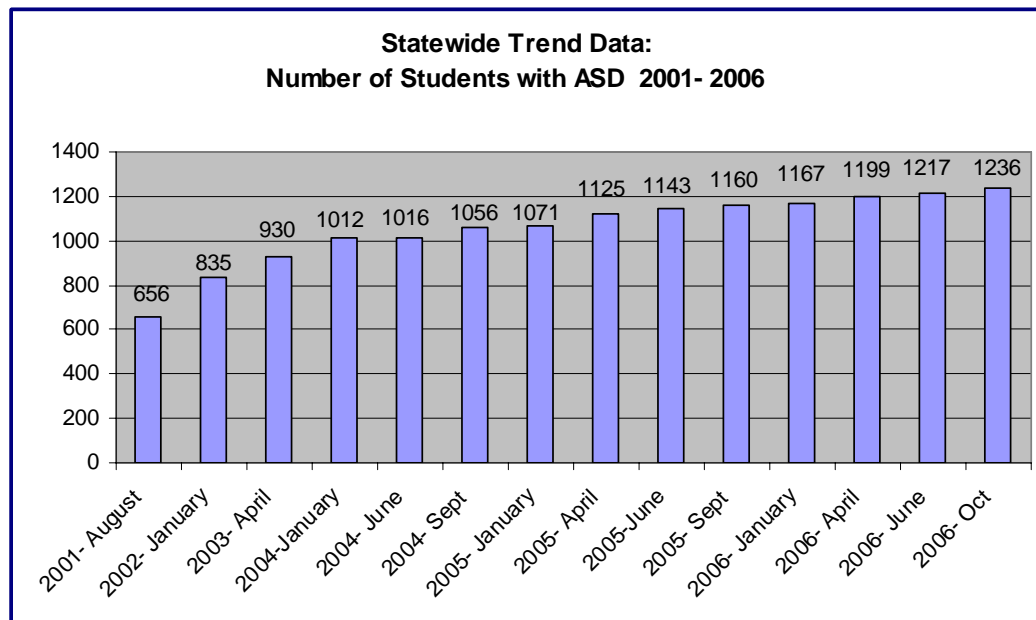
Table A: Comparison of State Internal Review Results

Indicators of Current Child Status	Oct. 04 - Dec. 04	Jan. 05 - March 05	Oct. 05 - Dec. 05	Jan. 06 - March 06	April 06- June 06	July 06- Oct.06
27. Learning Progress	95	95	100	100	100	100
28. Responsible Behavior	86	91	100	100	100	100
29. Safety (of the child)	95	95	100	86	100	100
30. Stability	90	91	95	93	100	100
31. Physical Well-Being	95	95	100	100	100	100
32. Emotional Well-Being	90	95	100	100	100	100
33. Caregiver Functioning	95	95	100	100	100	100
34. Home Community (LRE)	100	100	100	100	100	100
35. Satisfaction	90	95	90	83	0	100
36. OVERALL CHILD STATUS	95	95	100	100	100	100
Indicators of Current System Performance						
Understanding the Situation						
44. Child/Family Participation	90	100	100	100	100	100
45. Functioning Service Team	100	95	100	100	100	100
46. Focal Concerns Identified	90	91	95	93	100	100
47. Functional Assessments	100	95	95	100	100	100
48. OVER ALL UNDERSTANDING	95	95	100	100	100	100
49. Focal Concerns Addressed	90	91	100	100	100	100
50. Long Term Guiding view	90	91	95	93	100	100
51. Unity of Effort Across Agencies/Team	100	86	90	93	100	100
52. Individual Design/Good Fit	95	95	100	93	100	100
53. Contingency Plan (Safety/Health)	71	0	100	80	100	100
54. OVER ALL PLANNING	100	95	95	100	100	100
55. Resource Availability for Implementation	95	91	100	93	100	100
56. Timely Implementation	90	91	100	93	100	100
57. Adequate Service Intensity	100	95	100	93	100	100
58. Coordination of Services	95	91	100	100	100	100
59. Caregiver Supports	100	100	95	100	100	100
60. Urgent Response	86	0	100	50	100	100
61. OVERALL IMPLEMENTATION	95	95	100	93	100	100
62. Focal Situation Change	95	95	100	93	100	100
63. Academic Achievement	95	91	95	93	100	100
64. Risk Reduction	95	95	100	93	100	100
65. Successful Transitions	95	95	100	100	100	100
66. Parent Satisfaction	90	100	95	92	100	100
67. Problem Solving	95	86	100	100	100	100
68. OVERALL RESULTS	95	95	100	93	100	100
69. OVERALL PERFORMANCE	95	95	100	93	100	100

All indicators had acceptable findings of 100% under Child Status and System Performance.

Currently there are 1,236 identified students with ASD in the Department. [See Table B]

Table B: Number of Students with ASD



The Department is currently developing Requests for Proposals for possible release in October 2006 to solicit private agencies for services to students with autism when the Department does not have the internal personnel capacity to provide the service. The current contracts with private providers will end on June 30, 2007.

Performance Goal #13: The SBBH Program performance measures regarding service utilization will be met.

IDEA/504 Students Receiving SBBH Services

As seen in Tables 1 and 2, during this quarter, an average of 83% of the total number of students who received counseling as an IEP/MP related service were identified as IDEA with the remaining average of 17% identified as 504 eligible students. This is generally consistent with the ratio of 80% IDEA and 20% 504 for over two and a half years with a slight increase in the percentage of students with IEP related counseling service.

The decrease in the July 2006 figure bears some explanation. The total may reflect, in part, graduations. However, it is likely an underreporting due to staff vacations or other reasons relating to the start of summer. The August total was more consistent with the previous months.

Table 1

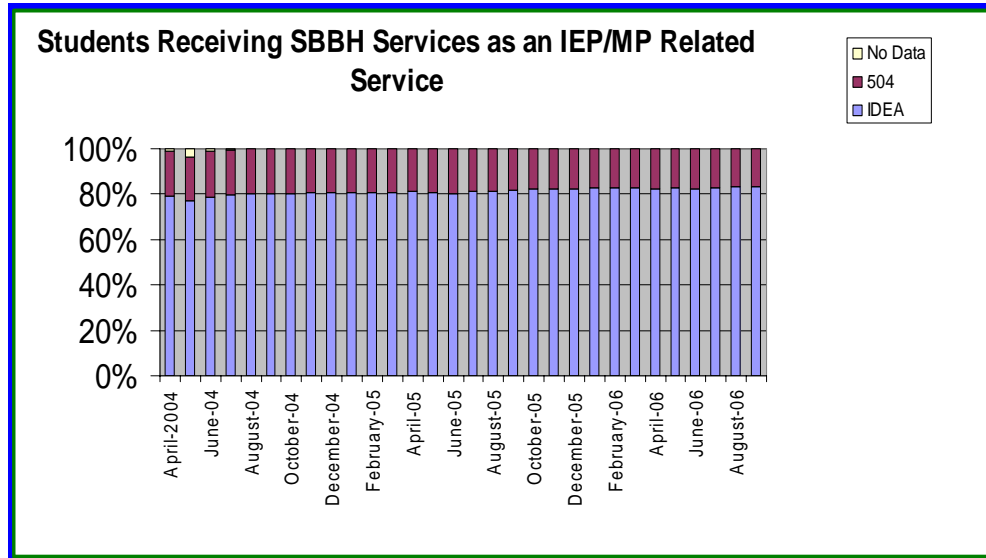


Table 2

Students Receiving SBBH				
MONTH	IDEA	504	ND	Total
Jul-05	4,844	1,109	0	5,953
Aug-05	4,927	1,121	0	6,048
Sep-05	4,873	1,086	0	5,959
Oct-05	4,941	1,079	3	6,023
Nov-05	5,013	1,096	1	6,110
Dec-05	4,965	1,077	0	6,042
Jan-06	4,949	1,033	2	5,984
Feb-06	4,966	1,047	0	6,013
Mar-06	4,847	1,023	1	5,871
Apr-06	4,979	1,051	3	6,033
May-06	4,924	1,035	0	5,959
Jun-06	4,738	1,003	2	5,743
Jul-06	4,225	862	0	5,087
Aug-06	4,588	920	0	5,508
Sep-06	4,446	900	0	5,346

Types of Services

Individual counseling continued to be the most frequently used, on-going intervention for an average of 53% of this target population as compared to 59%, 62%, and 91% respectively, the previous three quarters. The total number of 762 students reported to have received individual counseling in July 2006 is a reflection of lower summer enrollment. Notably, the last three quarterly reports reflect a greater proportional use of group and parent counseling. Group counseling as a method of intervention for 15% of the target population is an indication of continued use of other/less restrictive modalities of service than individual counseling. Increased use of group counseling is a positive trend as 17% of the target population's focus of service was social skills development (Table 8). Parent counseling services as an adjunct to individual counseling slightly increased from a year ago and have continued for the past three quarters to be provided for 11% of the target population.

Medication management services were provided to an average of 526 students this quarter or 10% of students who received CSSS Levels 4 and 5 SBBH services, similar to last quarter. An average of 125 students (2.3%) each month, were provided services through intensive DOE programs (Community Based Instruction/Intensive Learning Centers, Therapeutic Classrooms, and Enhanced Learning Classrooms) during this quarter.

Note: Since January, only five agencies are consistently reporting types of services they provide per student each month. If all agencies reported, the total number of students, services would be greater. Current totals reflect underreporting. In addition, the average number of students who receive these services per month does not equal the total number of students served in a year due to student turnover. Services are provided to a significantly greater total number of students than the average indicates. Review of the data reflects a steady influx of new students receiving IEP/MP related SBBH services, as well as, students who exit when behavioral and educational goals have been attained. (See Tables 3 and 9)

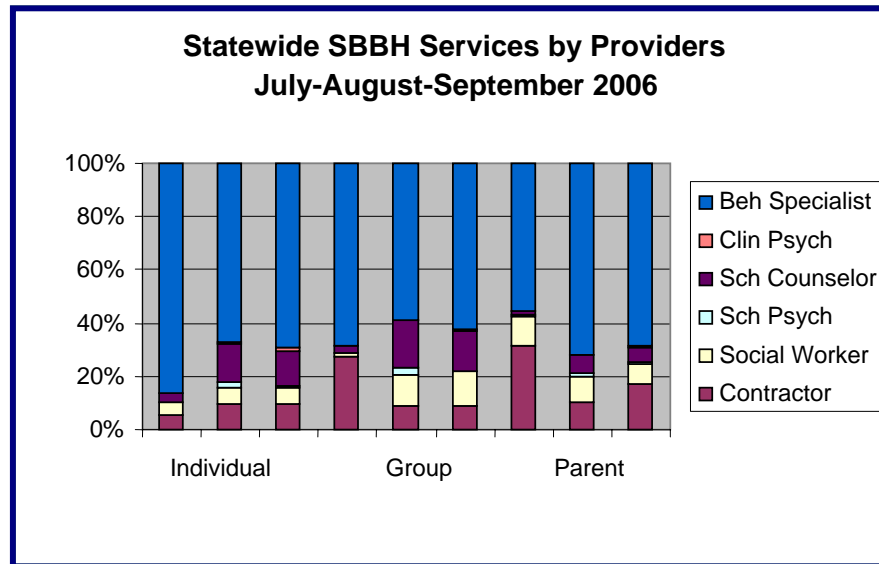
Table 3

SBBH Students/Services July 2004 - September 2006						
MONTH	Total # of SBBH Students	Individual Counseling	Group Counseling	Parent Counseling	Med. Mgmt	ILC/TC/ ELC
July 2005	5953	4779	462	638	825	170
Aug 05	6048	5331	481	565	803	150
Sept 05	5959	5360	550	504	728	130
Average	5987	5157	498	569	785	150
Oct 05	6023	5510	585	524	720	132
Nov 05	6110	5518	612	499	711	129
Dec 05	6042	5570	569	476	711	133
Average	6058	5533	589	500	714	131
Jan 06	5984	3993	1233	724	652	130
Feb 06	6013	3913	1255	700	652	139
March 06	5871	3241	1119	528	632	133
Average	5956	3716	1202	651	645	134
April 06	6033	3932	1387	670	672	162
May 06	5959	4200	1454	734	620	157
June 06	5743	2299	567	442	328	73
Average	5912	3477	1136	615	540	131
July 06	5087	762	129	289	553	118
Aug 06	5508	3743	1063	638	512	130
Sept 06	5346	3993	1234	785	513	127
Average	5314	2833	809	571	526	125

Comparison of SBBH Providers

Statewide, the Department of Education staff continued to provide majority of the interventions. Historically, contracted providers have consistently delivered a higher percentage of IEP/MP related parent/family services than contracted individual/group counseling services. A shift is noted as more role groups within the Department (counselors, social workers, and behavioral specialists) are providing parent/family services.

Table 4



As seen in Tables 5a through 5h, analyses by districts reflect the utilization of resources and variability among the DOE providers of services. Kauai SBBH program is staffed by social workers instead of Behavioral Specialists. In all other districts, behavioral specialists provided most of the services. In varying ratios, in Leeward, Windward, Central, Maui districts and West Hawaii, school counselors and social workers also provided IEP/MP related counseling services.

Table 5a

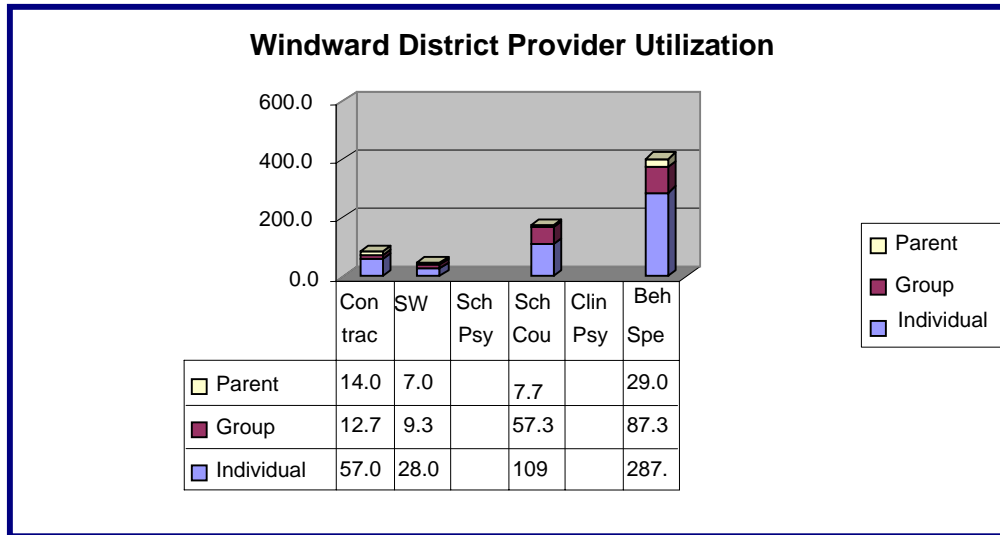


Table 5b

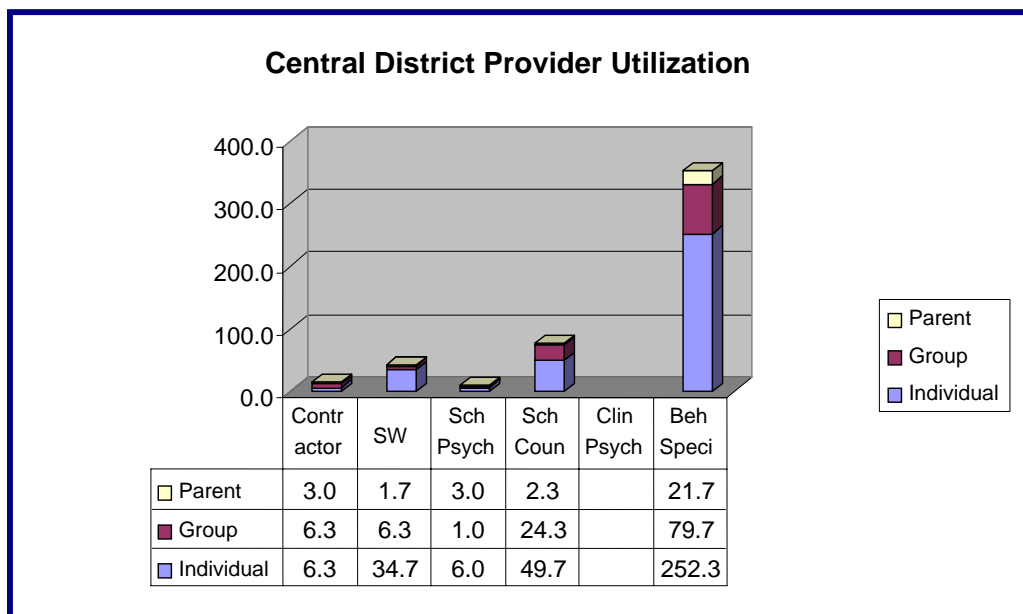


Table 5c

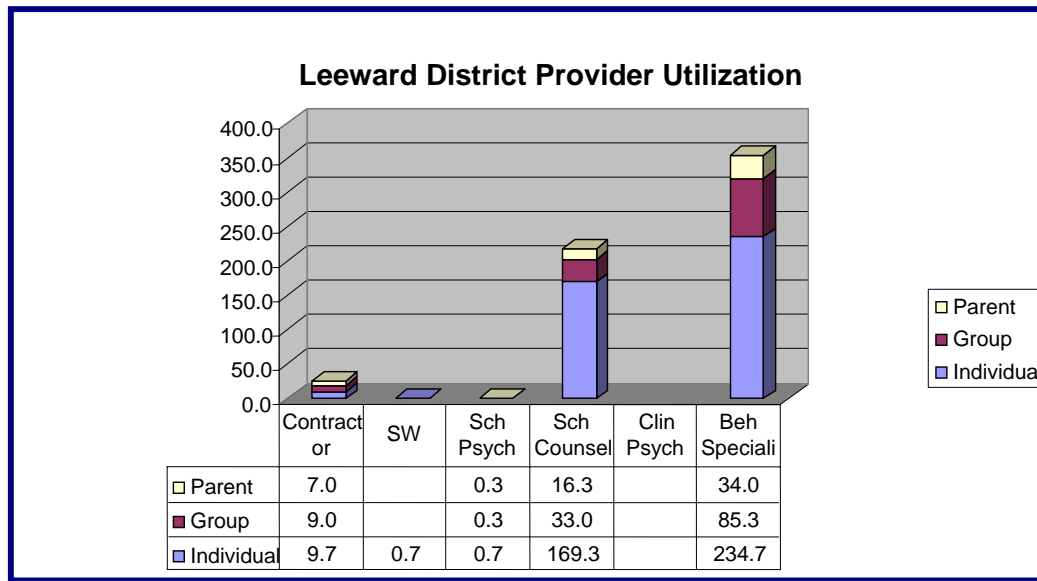


Table 5d

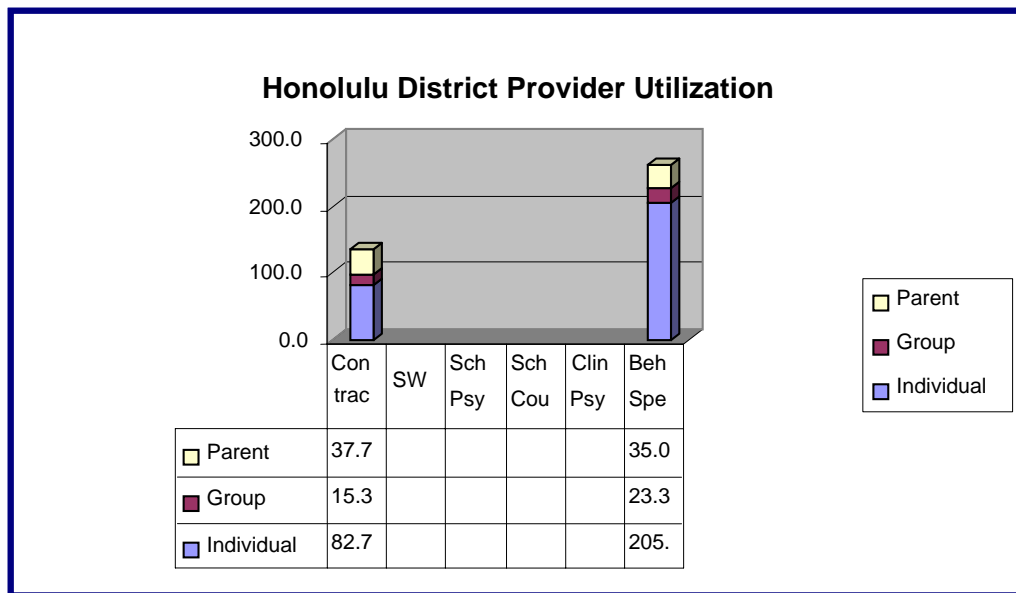


Table 5e

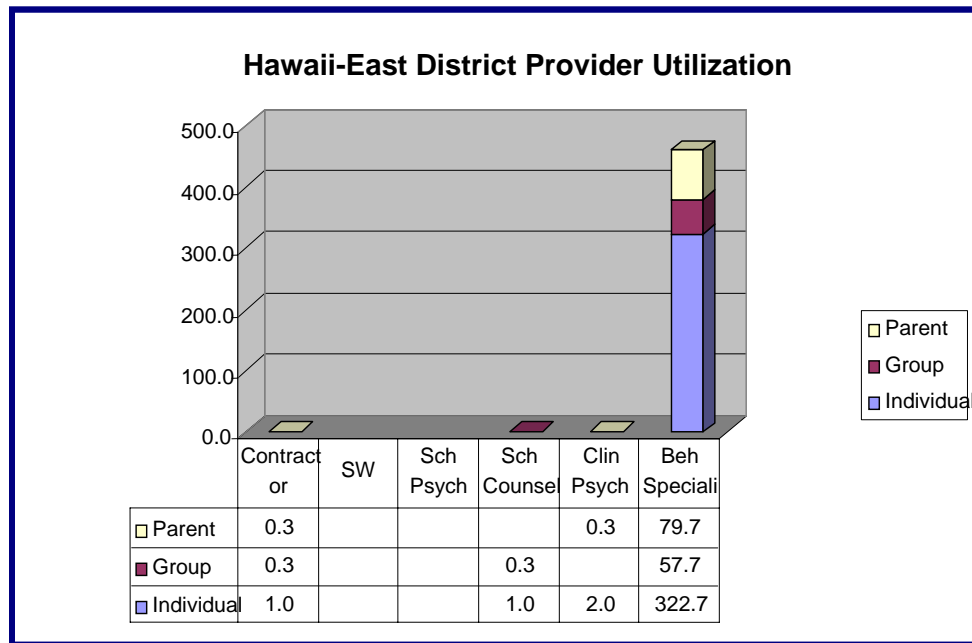


Table 5f

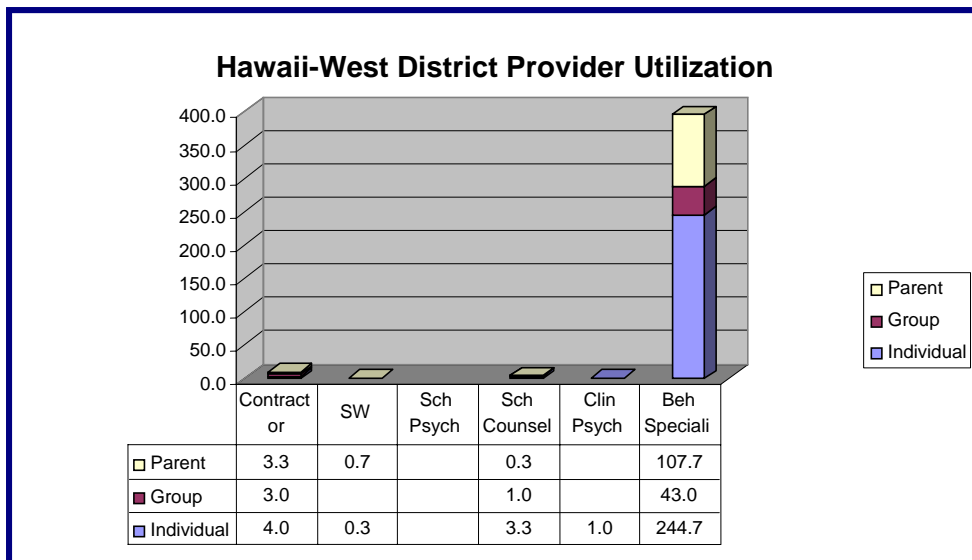


Table 5g

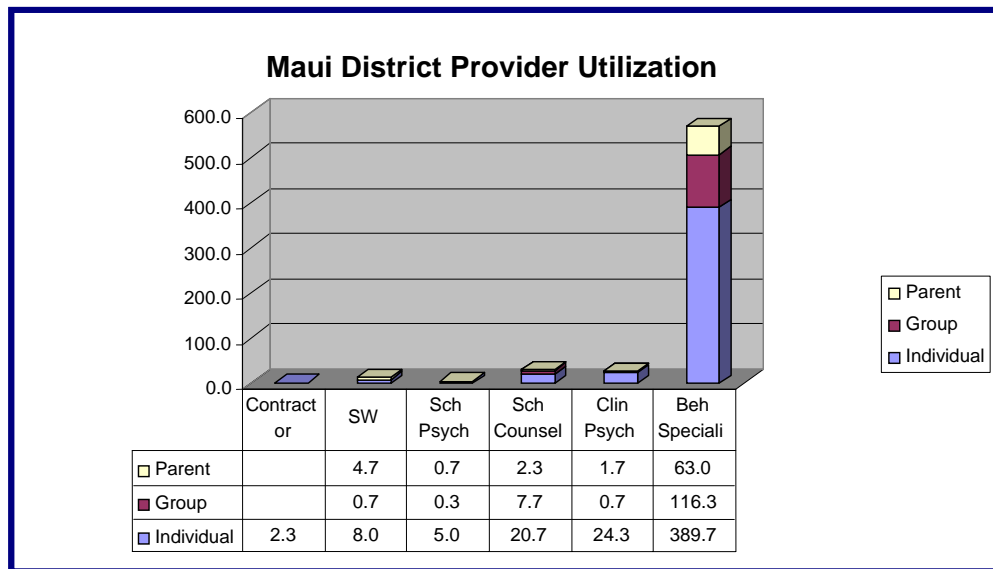
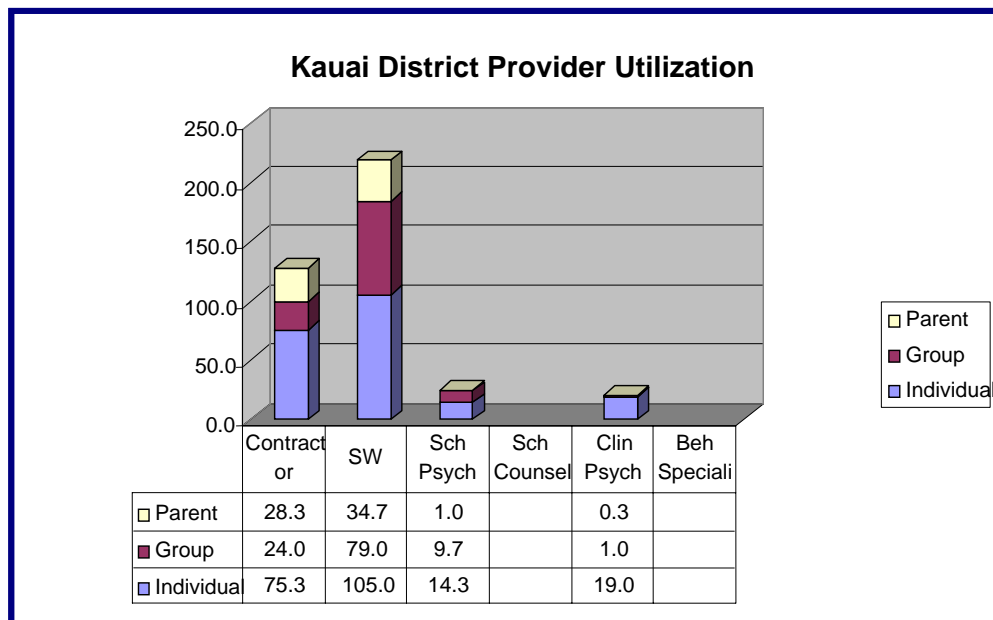


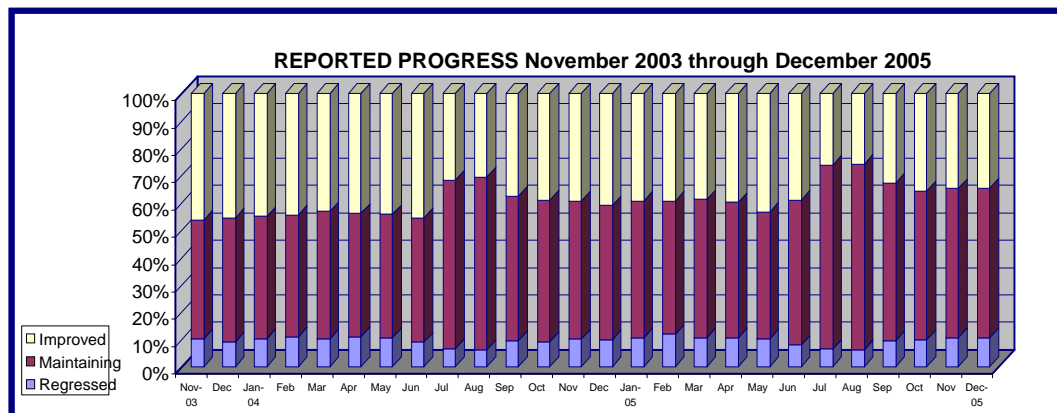
Table 5h



Reported Student Progress

The progress of students who received IEP/MP-related SBBH services are now reported utilizing the categories in ISPED. The revised data log which utilizes ISPED categories provides better information on overall student progress than the previous data, which reported progress in only three broad categories of “improved, regressed, and same.” (Table 6)

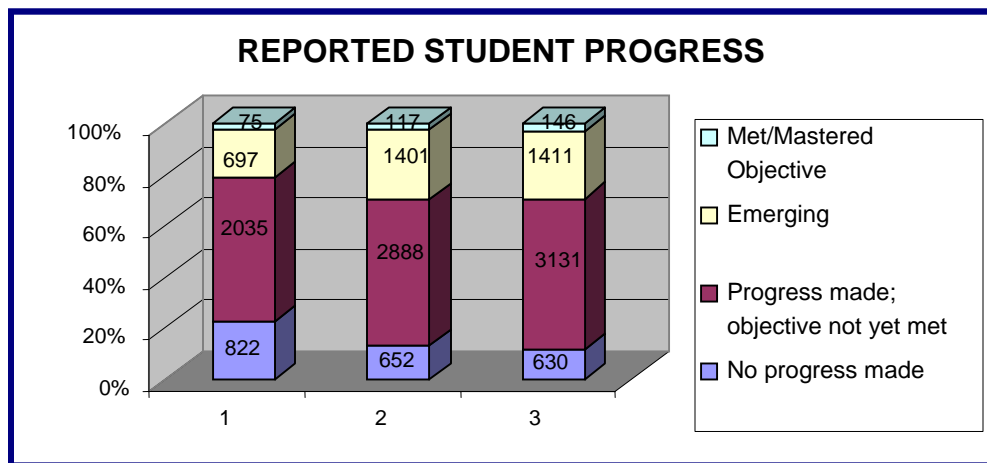
Table 6



Patterns of utilization of provider types are very consistent from the previous quarter. Numerical differences reflect the decline in July services but are otherwise unremarkable. July (1) "No Progress made" is proportionately greater than August (2) or September (3) or any month of the previous quarter. This is believed to be because only students with greater need receive summer counseling. Of all the students whose progress was reported in July, 75% were emerging/made some progress towards their goals and objectives. Of the total number of students reported 2% met/mastered objectives in July.

In August, the percentage increased to 85% of students reported were emerging/made some progress towards their goals and objectives. 2% met/mastered objectives. An average of 12% of the students reported during August and September, at the beginning of the school year, made no progress. Tables 6 and 7 are conservative reports of the students served during a specific month. Students who no longer require services were removed from the next month's data. The above information should be considered along with data on the number of students who are new or exiting from SBBH as an IEP/MP related service. Although reported student progress is a subjective measure, the data indicates positive outcome. See Performance Goal 15 for quantified data now available with the implementation of the BASC-2 last spring, along with focused trainings on identifying student needs, writing measurable goals and monitoring student progress toward reaching those goals.

Table 7



Focus of Services

Ratios continue to remain generally similar, with only a 2%-4% fluctuation in the focus of services for SBBH students. The past three quarters' data indicated a sustained 4% increase in the number of students whose focus was on cooperation/compliance skills with a corresponding 4% decrease in focus on emotional/coping skills. An average of 20% of students receiving SBBH (CSSS levels 4 and 5) services focused on attention skills development, while, 17% of students focused on social skills development (Table 8).

Table 8

Focus of Services								
MONTH	Attention		Emotional		Cooperation		Social Skills	
Jun-05	787	18%	1727	39%	1021	23%	838	19%
Jul-05	548	16%	1348	41%	795	24%	634	19%
Aug-05	794	18%	1707	38%	1077	24%	866	19%
Sep-05	411	18%	866	37%	519	22%	534	23%
Oct-05	932	19%	1973	40%	1139	23%	943	19%
Nov-05	942	18%	1968	39%	1213	24%	987	19%
Dec-05	916	18%	1896	38%	1158	23%	986	20%
Jan-06	947	19%	1618	33%	1366	28%	975	20%
Feb-06	1050	19%	1845	34%	1504	28%	1036	19%
Mar-06	929	19%	1622	34%	1333	28%	932	19%
Apr-06	998	18%	1911	35%	1522	28%	1038	19%
May-06	1048	19%	1984	35%	1537	27%	1065	19%
Jun-06	854	19%	1654	36%	1262	28%	816	18%
Jul-06	759	20%	1359	36%	1032	27%	637	17%
Aug-06	1048	20%	1867	36%	1355	26%	908	18%
Sep-06	1039	19%	1956	36%	1452	27%	924	17%

Students receiving SBBH as an IEP/MP Related Service: Exits and Entrances

A total of 302 students with IEPs or 504 Modification Plans were *newly identified* as needing SBBH services this quarter as compared with 360 and 282 newly identified students the past two quarters, respectively. The trend over the past two years indicates that referrals are slow at the beginning of the school year, then increase, peak, and taper during the school year. (Table 9)

This quarter, 170 students met goals and exited the program compared to the 307 students at the end of the school year last quarter. A total of four thousand four hundred thirty-eight (4438) students have exited the programs since September 2003. Information is collected through SBBH data logs and is an underestimate. When data is eventually automated on a database, more precise information will be captured.

Table 9

STUDENTS RECEIVING SBBH AS IEP/MP RELATED SERVICE: ENTRANCE AND EXIT					
	New to SBBH	Transferred in	Met goals/ Grad.	Moved	Parent Decision
Jan-05	225	139	119	188	30
Feb	167	137	103	158	22
Mar	130	83	86	99	4
Apr	186	92	112	129	18
May	176	80	181	139	11
Jun	149	120	372	294	19
Jul	121	293	205	149	18
Aug	185	426	102	158	9
Sep	155	205	90	121	17
Oct	128	144	83	116	21
Nov	136	128	90	76	5
Dec	121	93	67	61	5
Jan-06	82	91	57	112	10
Feb	102	98	62	131	17
Mar	98	49	62	93	20
Apr	156	64	86	122	24
May	120	56	64	74	11
Jun	94	117	157	331	22
Jul	75	483	89	337	10
Aug	159	481	24	215	13
Sep-06	68	169	57	114	17

Early Intervention Services

DOE personnel who provided the services for students requiring IEP/MP-related SBBH services also provided early intervention services for Non-Felix-class students, as envisioned in the context of the Comprehensive Student Support System (CSSS) and the array of supports available to all students.

August is remarkable for the number of students served and July numbers reflect summer break. Fifty-six thousand three hundred eighty two (56,382) non-IDEA/504 students were provided consultation, observation, classroom guidance instruction, functional behavioral assessments/behavior support plans, walk-in counseling, and other assistance to classroom teachers and students this quarter, primarily in August and September.

The staff providing SBBH services to Felix-Class students which includes counselors, behavior specialists, social workers and psychologists reported statewide provision of 43,678 hours of early intervention SBBH services this quarter compared to 34,776 the same quarter a year ago. Data reflects an increase in early intervention services when compared with data from a year ago. (Table 10) These services included individual, classroom, and consultation supports in addition to CSSS level 1 to level 3 supports and services provided by other counselors who do not serve Felix-Class students.

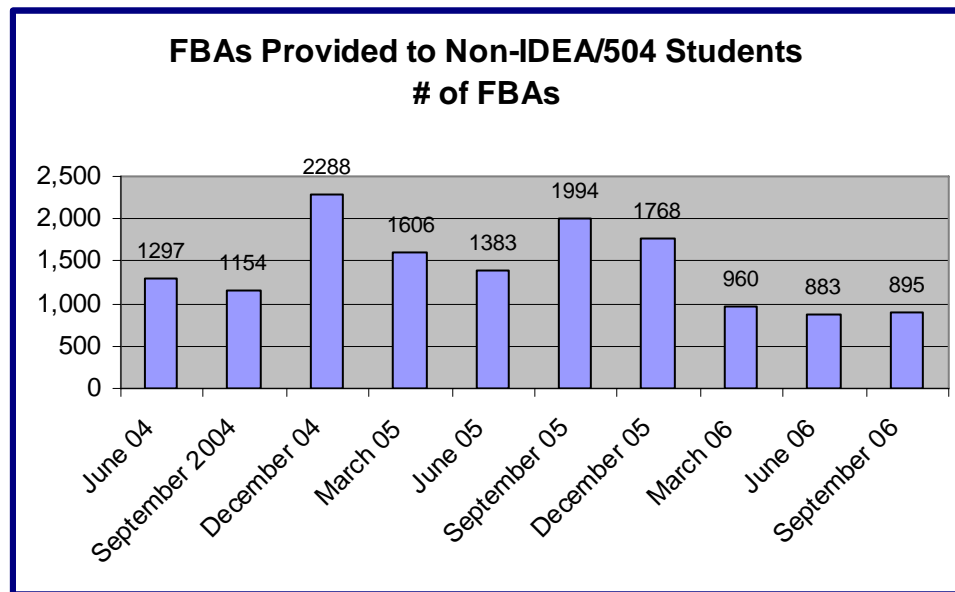
As anticipated with the provision of early intervention services, the average number of students requiring CSSS Levels 4 and 5 SBBH services has decreased when compared with data over the past two years. The trend correlates with the increasing Comprehensive Student Support System supports at Levels one to three provided by

SBBH staff since January 2004 (Tables 10-12). Family Guidance Center staff, District personnel, and Internal Reviewers have noted that students receiving intensive services present challenges with significant complexity and severity.

Table 10

Non-IDEA/504 Students served		
Month	# of Non-IDEA/504 Served	# of Non-IDEA/504 Hours
July-05	6,022	6,963
August-05	16,207	11,417
September-05	24,361	16,396
Quarter Total	46,590	34,776
October-05	21,288	12,249
November-05	24,753	23,691
December-05	16,589	14,915
Quarter Total	62,630	50,856
January-06	21,173	22,785
February-06	27,088	22,048
March-06	24,122	21,895
Quarter Total	72,383	66,728
April-06	26,350	19,320
May-06	20,828	20,709
June-06	7,721	9,646
Quarter Total	54,899	49,675
July-06	1,760	2,144
August-06	30,952	22,173
September-06	23,670	19,361
Quarter Total	56,382	43,678

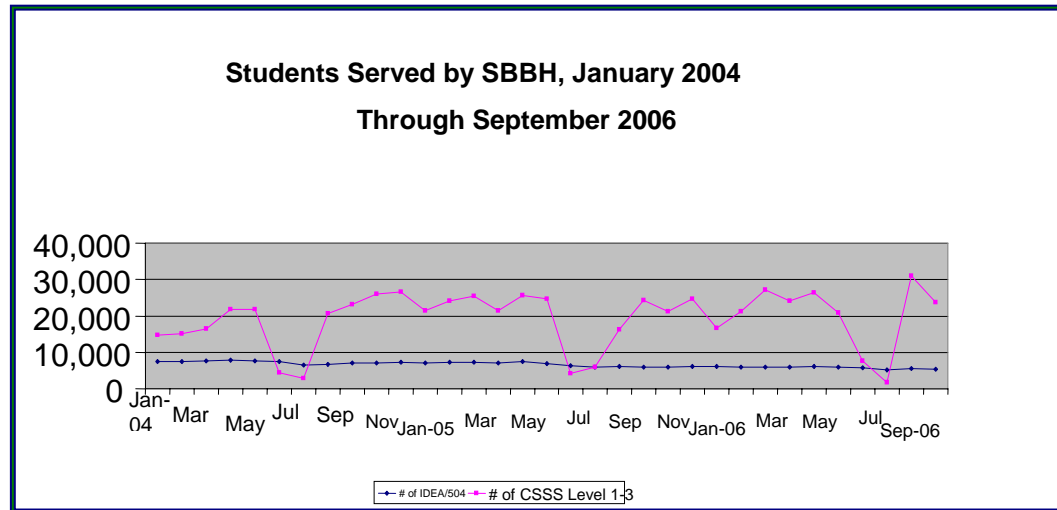
Table 11



Functional Behavioral Assessments are an integral part of SBBH service delivery. An FBA provides early intervention information that leads to the development of a Behavior Support Plan. The process allows teachers, other staff, and families insight regarding unproductive student behaviors, student's strengths, and the changes necessary to increase more adaptive behaviors that support student achievement. The data in Table 11 reflects the numbers of FBAs conducted by non-supervisory level psychologists, behavioral health specialists, counselors, and social workers. Staff completed an additional 895 FBAs across the five levels of CSSS this quarter which is a decrease when compared to 1,154 and 1,994 FBAs conducted during the same quarters over the past two years. Reduction in the number of FBA/BSPs and assessments appears to be related to the increased stability of behavioral health specialists in their positions and the increased focus on providing services earlier, before problems become severe.

In addition to FBAs, early intervention services to CSSS level 1 to level 3 students increased steadily throughout the year with the exception of a decrease noted during the summer months, the partial school month of December, and in March when spring break occurs, as seen in Table 12. Notable is that the number of students receiving SBBH IEP/504 related services has remained relatively stable, while more students are accessing services earlier. Effort is evident in the provision of early intervention services. A significant increase in the provision of early intervention services was noted in August, soon after the beginning of school. Data reflects system responsiveness based on the numbers of non-disabled students accessing services, indicating awareness, identification, and utilization of School-Based Behavioral Health supports across the levels of CSSS to meet students' needs as soon as possible. Although data indicates an increase in the number of students receiving services at Levels 1, 2, and 3, those students receiving CSSS Levels 4 and 5 services have increasingly significant and complex needs.

Table 12



SBBH services are provided within the Comprehensive Student Support System (CSSS). As predicted in December 2000, as more students are supported with CSSS levels 1 to 3 (magenta, top line) school interventions and supports, the number of students requiring the more intensive services (lower, black line) have slightly decreased over time. Please refer to Performance Goal 14 for detailed analysis of system performance and student progress.

Performance Goal # 14:

- a) *60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach.*
- b) *Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample.*

BASC-2 Data Analysis to Determine SBBH Program Effectiveness

Teacher Rating Scale

To address the first criterion for Performance Goal 14 that “60% of all students receiving SBBH services will show **improvement in functioning on at least one scale on the Teacher Rating Scales (TRS)** form of the BASC-2,” both a baseline and follow-up measurement is needed. To provide time for the possible effects of intervention, only cases where at least three months had passed between the baseline and the follow-up administration of the TRS were included in this analysis. In some cases, there was more than one follow-up. For these students, the average of all of their follow-up scores was considered. An improvement of 4-T score points was identified as the criterion for significant improvement on a scale for this performance goal. This criterion assures that progress exceeded the standard error of measurement for these scales to provide greater confidence that these are true changes in student functioning.

Table 1. Student Progress Analysis Based on the TRS

BASC-2 Version	Age Range	At Least 1 BASC2 Admin	Baseline and at least 1 follow-up BASC Admin	Has both Admins, but no Elevated Scale	Has 2 nd Time Point, at Least One Elevated Scale	Has at least 1 Clinical Scale Reduction	Has No Clinical Scale Reduction	Met Progress Criteria
TRS-A	12-21	3460	835	334	501	429	72	86%
TRS-C	6-11	3131	925	136	789	682	107	86%
Total	6-21	6591	1760	470	1290	1111	179	86%

Although 1,760 cases had both baseline and follow-up measurements on the TRS, 470 of those cases were not included in the analysis because none of the 20 clinical scales were elevated into the “at risk” range (T score equal to or greater than 60). It appears that these students received counseling for a reason other than problems captured by the BASC-2. It is important to study the progress for students who demonstrate problems at a level where normative comparison indicate that they are functioning in the “at risk” range or higher, but it is not appropriate to expect that students who are already functioning in the average range will show additional reduction in clinical scales from counseling services.

When examining the overall progress made by the **1,290 students across all age ranges, 86% of these students made progress on at least one clinical scale**, which exceeds the criteria for this performance goal by 26%. This finding was consistent among both age ranges (6-11 and 12-21).

It is also interesting to note that the average number of elevated clinical scales for the adolescents (ages 12-21) who had at least one elevation was 7.1, and the average number of scales that decreased was 5.0. For the children (ages 6-11) with at least one elevation, the average number of elevated clinical scales was 11.4 and the average number of scales that decreased was 6.4.

Self Report of Personality

Although it was not required to address this performance goal, the Self-Report of Personality (SRP) was also examined using the same approach described above. Table 2 illustrates similar progress in student’s self report of emotional and behavioral concerns as compared to the TRS. Overall, 88% of students with at least one clinical elevation at baseline showed a decrease in at least one scale at follow-up.

Table 2. Student Progress Analysis Based on the TRS

BASC-2 Version	Age Range	At Least 1 BASC2 Admin	At Least 2 Time Points	Has 2 nd Time Point, No Elevated Scale	Has 2 nd Time Point, at Least One Elevated Scale	Clinical Scale Reductions	No Clinical Scale Reduction	Met Progress Criteria
SRP-A	12-21	2443	285	89	196	174	22	89%
SRP-C	6-11	1441	149	32	114	100	14	88%
Total	6-21	3884	434	121	310	274	36	88%

In summary, the performance goal that “60% of all students receiving SBBH services will show improvement in functioning on at least one scale on the Teacher Rating Scales

(TRS) form of the BASC-2” was met. Specifically, 86% of these students met the criterion, indicating that this benchmark was exceeded by 26%. These results were further supported by students’ own report of progress, as 88% of students who completed the BASC-2 once and then again later showed a decrease in at least one scale.

Statistical Analysis to Further Examine SBBH Program Effectiveness

The pattern of results described above address Performance Goal 14, and they are useful in providing an understanding of the effectiveness of SBBH services. The above results do not, however, provide information about the program’s effect on the various types of problem areas addressed by SBBH services (i.e., overall performance examined by individual clinical scales). Although it was not required to document attainment of Performance Goal 14, more advanced statistical analyses were performed to determine:

- If various emotional and behavioral problems measured by clinical scales of the BASC-2 reliably decrease after the implementation of SBBH services.
- If various positive skills measured by the BASC-2 adaptive skills scales reliably increase after the implementation of SBBH services.
- Categories of emotional and behavioral problems where future training for SBBH providers might be most effective.
- Areas of relative strength in improvement of students from baseline to follow-up.

Findings

Teacher Rating Scale – Adolescent

Clinical Scale: Among students with a baseline T-score of 60 (“At Risk”) or higher on the TRS-A, results indicated that the mean follow-up T scores of all subsequent administrations that occurred 90 days after baseline or later were significantly lower than the baseline mean T score on 16 out of 16 clinical scales and 4 out of 4 composite scales. On average, these scores decreased from baseline by 9.76 points, starting at T=66.97 and declining to T=57.21. It is interesting to note that the average score of all individual scales decreased to below the “At-Risk” level at follow-up.

Specific Scales of Interest: Although statistically significant progress was found on all clinical scales, for the TRS-A, the Attention Scale and the Developmental Social Disorders Scale showed the least improvement from baseline to follow-up (7.31 and 7.79 points respectively). On the other hand, the Anxiety Scale and the Somatic Scale showed the most improvement from baseline to follow-up (15.94 and 13.40 points respectively).

Adaptive Scale: For the 6 adaptive skills and 1 adaptive composite, all 7 scales increased over time, indicating improvement. On average, these scores increased from baseline 6.95 points, starting at T=36.03 and increasing to T=42.98. All of these tests were statistically significant. As with the clinical scales, the average scores at baseline were well below the “At-Risk” range, but increased into the “Average” range (between 41-59) at follow-up.

Teacher Rating Scale – Child

A similar pattern of findings was found when repeating the above analyses for the TRS-C. Specifically, the 16 clinical and 4 composite scales analyzed were significantly lower at follow-up (90 days or later after follow-up) than at baseline. The average score at baseline was 70.64 across all clinical and composite scales and decreased to an average score of 64.55 (6.09 points) at follow-up. Scores decreased from the “Clinically Significant” range (above 70) into the “At-Risk” range (between 60 and 69).

The same pattern held for the TRS-C with respect to least and most improvement among individual scales, with the Developmental Social Disorders and the Attention Scales showing the least improvement (3.00 and 3.74 respectively), and the Anxiety and Somatic Scales showing the most improvement (10.82 and 9.46, respectively).

Self Report of Personality – Child and Adolescent Summary

It is interesting to note that when examining the Self Report of Personality questionnaires, a similar pattern of findings was noted. On average, the scores from baseline decreased by 7.66 points, from 67.45 to 59.78 on the SRP-Adolescent, and 6.76 points, from 68.30 to 61.54, on the SRP-Child.

Summary of Findings

Students in SBBH services are significantly improving across **all** clinical and adaptive skill areas measured by the BASC-2 TRS and SRP.

A quantifiable system to assess progress is now in place, and it is **very clear from this information that students in SBBH are improving**. In the interest of continued improvement and sustainability, two interesting trends seem worthy of further exploration based on the current analysis:

- Although significant progress was noted for both groups, it appears that stronger gains are being made with students in the adolescent age range relative to children. Both the TRS and the SRP for adolescents decreased more than the TRS and the SRP for children. Additionally, the children tended to have higher scores at baseline. Although difference was not analyzed using statistic procedures (due to the two groups taking different forms of the test and having different normative groups for each form), this pattern suggests that children (relative to adolescents) registered for SBBH services tend to have higher scores and tend to have less improvement in their scores.
- Across age ranges, the Developmental Social Disorders and Attention Scales showed the least improvement, whereas the Anxiety and Somatic Scales showed the most improvement. It is difficult to determine the exact cause for this pattern, but several ideas are worthy of consideration: 1) It is possible that DOE services are more effective for Anxiety and Somatic problems and less so for Developmental Social Disorders and Attention. 2) It is also possible that problems associated with Developmental Social Disorders and attention are more stable and part of a student’s natural constitution, and are thus less amenable to intervention. At the same time, it is possible that problems associated with anxiety and somatic concerns are more temporary and sometimes the result of transient stressors, and perhaps more amenable to intervention and/or remission.

3) It is also possible that the scales themselves are constructed in such a way that they are more or less sensitive to change over time. Regardless of the explanation for this finding, future monitoring of this pattern as well as other means of assessment to determine potential explanations (e.g., interviewing school personnel, considering results of other measures) will be useful. It is also important to keep in mind that while the Developmental Social Disorders and Attention Scales were the two scales with *relatively* less rates of improvement, they did improve by over 7 points each for adolescents and over 3 points each for children and were significantly reduced at follow-up.

The current analyses addressed, 1) percent of students showing improvement in at least one scale, 2) average number of elevated scales that improved, 3) whether scales significantly differed between baseline and follow-up, 4) average rate of decrease in T-score points from baseline to follow-up, and 5) particular scales that showed the least and greatest change from baseline to follow-up. Results from all of these analyses supported the notion that students are improving. All of these analyses were completed for the TRS, and most were conducted considering the SRP.

Although the above analyses were important, future considerations such as 1) examining relative “effect sizes” of scales to identify relatively bigger and smaller effects, and 2) examining highest and lowest scales at baseline and 3) highest and lowest scales at follow-up might continue to add insight and tangible directions for consideration in future training and provision of SBBH services. Also tracking findings over time with similar analyses will allow for more confidence in the stability of the observed results.

*Individual scale information and details about statistical analyses are available upon request.

Performance Goal #15: System performance for students receiving SBBH services will not decrease.

Development of a System for Continuous Self-Monitoring

As stated in the Felix Decree, “The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.”

Multiple overlapping approaches are currently functioning and are being developed to provide the continuous self-monitoring needed to optimize the functioning of the SBBH Program, in particular, and the mental health support system for students, in general. Significant activities for continuous self-monitoring are described below:

1) The State Interagency Quality Assurance (SIQAC) committee has continued to meet on a monthly basis to broaden interagency collaboration and inter-systems performance between agencies who jointly serve our students.

2) Over the past year, national leaders, who have demonstrated successes in implementing collaborative pursuit of a shared mental health agenda, provided consultation and facilitation in the development of the Hawaii Communities of Practice (HiCoP) core group. The HiCoP core group continued to meet, define and refine its focus. In September, HiCoP members also attended the National Conference on Advancing School-Based Mental Health.

3) District and State offices continued to gather BASC-2 baseline and follow-up data for an increasing portion of students receiving counseling as a related service. The results are being used to identify areas where the SBBH Program has been most effective and least effective. Findings are outlined in Performance Goal 14.

State-wide Training

The state doctoral-level school psychologist left this position resulting in decrease in the provision of statewide professional development this quarter. However, introductory BASC-2 training was provided state-wide for new staff and staff who were not able to attend previous trainings. The State SBBH office also developed and initiated training on the content and use of the Interagency Performance Standards and Practice Guidelines.

District-Level Training

Three thousand six hundred eighty nine staff attended 168 formal district-level training sessions this quarter. In every district, multiple role groups attended trainings. Standardized evaluations of these presentations indicated high consumer satisfaction and utility. Trainings included a broad range of new topics such as the Interagency Performance Standards and Practice Guidelines as well as previously offered trainings for new staff.

Supervision and Consultations

As an adjunct to the subject-focused group training sessions, ongoing professional supervision is provided to staff. This is equally important in order to assure application of concepts learned through formal training sessions and to monitor the use of evidence-based interventions. District School Psychologists, Clinical Psychologists, Program Managers and School Psychologists-Complex Based monitored the application of training into service delivery through supervision, consultation, and one-on-one assistance. As seen in the table below, a high level of supervision and training sessions continue to be provided.

July-September 2006 Psychologist and SBBH Supervisory Activity Data

Professional Activities	July Total	August Total	September Total	Quarterly Total
Consultations	563	1,184	1,391	3,138
FBA/BSPs	13	45	79	137
Counseling/Parent Training	25	135	144	304
Assessments	109	107	150	362
Observations	36	119	180	335
Student Meetings (SST, Core, IEP/MP, Peer Review)	236	669	813	1718
Non-student Meetings	323	295	349	967
Court Involvements	3	6	3	12
Data input (ISPED) sessions	56	86	110	252
Supervision	314	485	594	1393
Provide Training	64	71	69	204
Receive Training/Research	193	139	133	465
Number of Professionals	60	56	71	

Psychologists and Program Managers also provided direct services for students, including assessments, FBA/BSPs and consultations, which are requested when students demonstrate persistent emotional and behavioral problems. The information gathered through these direct services is used to develop recommendations that identify evidence-based interventions and behavioral supports to be implemented at various levels of the system. As seen in the table above, thousands of consultations were provided across the state during this quarter. A small reduction in the number of FBA/BSPs and assessments was noted and assessed to be related to the increased stability of behavioral health specialists in their positions and the increased focus on providing services earlier before problems become severe.

Summary

In reviewing the SBBH Program activities and related data, Performance Goal #15 is met as the system performance for students receiving SBBH has not decreased. Continued progress has been made in implementing the BASC-2 for progress monitoring, and trends have been identified, which are being used to target areas for training and program development. This feedback system will continue to provide essential data to guide the program. BASC-2 student progress data shows that students receiving counseling as a related service are making medium to high levels of progress in all areas measured by these scales. This includes significant reduction of emotional problems, behavioral and

learning problems as well as the development of adaptive skills, which are primary focuses for the SBBH Program.

To maintain a high functioning SBBH system, activities and groups such as the District and State Quality Assurance Committees, the Evidence Based Practice Committee and the Communities of Practice core group address ways that our system interacts within other state departments and community agencies. National leaders who have demonstrated successes in implementing collaborative pursuit of a shared mental health agenda provided consultation and facilitation in the development of the Hawaii Communities of Practice core group. The SBBH Program is hopeful that this collaborative approach will continue to develop, to identify the most effective ways and coordinate efforts to address the agenda shared throughout the community and to achieve SBBH Program goals.

Summary of Department of Education System Infrastructure and Performance

The Department of Education has set and maintains high expectations regarding infrastructure and performance goals. Ongoing measurement of performance related to the goals indicates that the Department has not only maintained, but strengthened existing infrastructure and improved performance of the system.

The Department is presently reviewing the present infrastructure and performance goals that it has been reporting on over the past 45 months to direct its focus on those program goals which will reflect the Department's commitment to sustain services and programs for special needs students.

The Department meets or exceeds infrastructure expectations in the following areas:

- Capacity to provide School Based Behavioral Health (SBBH) services through DOE employees,
- Information of all students eligible for special education and related services registered in the ISPED system,
- Capacity to contract for necessary services not provided through employees,
- Adequate funding to provide a comprehensive system of care for students requiring such services to benefit from educational opportunities, and
- Integrated data management information to adequately inform administrative decisions necessary to provide timely and appropriate services.

The Department of Education continues to be challenged to meet Department established targets for qualified special education teachers and paraprofessionals in classrooms.

Performance Measures reveal either improvement or stability in all areas. The following Performance Measures were met or exceeded:

- Timely evaluation and program plan development
- Request for due process hearings
- Reading Strategies in IEPs
- Training SPED teachers in reading strategies
- Quality of services to students with ASD

- Quality and availability of SBBH services

While performance is high and improving in these areas, the Department's performance goal in the rate of students requiring mental health services on home/hospital instruction, and reading assessments prior to IEP development were not met. Nine of the ten complexes maintained acceptable scores when measuring the performance of local services in providing services and supports for students with special needs slightly short of 100%. Progress in reducing the ratio of suspensions for regular education and special education students has been made, however the net results are still less than desired.

Overall, in this reporting period, the Department has continued to sustain a level of infrastructure and system performance consistent with or better than a year ago. Corrective actions directed at state, complex, and school level, based on data and analysis are leading to improvements, not just at the complex level but within specifically identified schools. The data in this section provides further evidence of the commitment within the Department, at all levels, to maintain and improve the delivery of educational and behavioral/mental health services to students in need of those services beyond that required by federal statute and prior court orders.

The Department expects that ongoing system performance assessments, subsequent training, and the posting of school by school performance indicators will not only maintain this level of performance but will improve system performance to high levels in all schools

In its efforts to continuously improve the system infrastructure, the Department is presently working on replacing ISPED with an integrated system which will merge ISPED with two other web applications, CSSS and SSIS. This system will provide the data critical in addressing the needs of all students.

The Board of Education approved the reorganization of the Planning and Evaluation Office to include the System Accountability Office. This office within the Office of the Superintendent will be tasked with compliance and performance monitoring at the systems level. It is a testament to the success demonstrated over the past several years in meeting high system performance expectations in providing services to students in need of educational and mental health supports and services. The responsibilities of this new office will include compliance and performance of federal and state programs, including special education.